



City of Mishawaka

Jeffrey L. Rea, Mayor

DEPARTMENT OF CODE ENFORCEMENT
George I. Obren, Director

RENEWAL FORM—SMOKE DETECTORS IN RENTAL PROPERTIES

The Department of Code Enforcement is here to assist Landlords in keeping their properties neat and clean, which increases property values. The Mishawaka Fire Prevention Bureau requires, under **Ordinance #3372, Section 93.11**, that all Single, Multiple Family, and Mobile Home rentals be equipped with smoke detectors. Every homeowner, manager, agent **OR PROPERTY MANAGER** of any rental property shall be responsible for the installation and maintenance of all smoke detectors.

PLEASE NOTE: IF YOU ARE A PROPERTY MANAGER, PLEASE LIST THE OWNER'S NAME AND ADDRESS AND A CONTACT PHONE NUMBER AS WELL AS YOUR NAME, ADDRESS AND PHONE NUMBER.

Each year between January 1st and January 31st, the homeowner is required to certify in writing that the maintenance has been performed and that all detectors are in good working condition as of the date of certification. This form will meet that certification requirement.

Please fill out the required information form below by listing all properties that you own within the city limits of the City of Mishawaka, along with your preferred mailing address (no Post Office Box please) and return it to the **Department of Code Enforcement, 600 East Third Street, Mishawaka, IN 46544**.

IN ACCORDANCE WITH AND BY VIRTUE OF THE PROVISIONS OF SECTION 93.11 OF THE MISHAWAKA MUNICIPAL CODE, the undersigned owner(s) or agent(s) of the real estate stipulated below, hereby certifies that the maintenance has been performed on all detectors in the owner's rental unit(s) and that the detectors are in good working condition as of the date of this certification.

Address of Rental Properties

Number of Detectors

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use reverse for additional properties.

Print Name

Home Address (or Preferred Mailing Address)

Home # -

Work # -

Cell # -

/ /20

Signature of Owner, Agent or Property Mgr.

(Please circle best *daytime* contact #)

Date signed (Please indicate YEAR)